

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/573,421  
Application

Filing Date

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		/						52					
3		/						53					
4		/						54					
5		/						55					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.	4		↓		↓		↓						
TOTAL DEP.	23		←		←		←						
TOTAL CLASRS	27												